



City of Lincoln Fleet Car/Truck Change Notice

Today's Date _____

NEW VEHICLE ADDITION

Year Purchased _____

Addition Date _____

Equipment No. _____

License No. _____

Manufacturer _____

Model _____

VIN # _____

Purchase Price _____

USER AGENCY

Department _____

Division _____

Submitted by _____

Date _____

Phone # _____

OLD VEHICLE DELETION

Deletion Date _____

Equipment No. _____

License No. _____

Manufacturer _____

Model _____

VIN # _____

Reassigned/Transferred to:

MAINTAINING AGENCY

Department _____

Submitted by _____

Date _____

Phone # _____

Does the Additional Insured need a Certificate of Insurance? Yes No

Send Completed form to:

RISK MANAGEMENT

233 S. 10th St., Rm 210

Lincoln, NE 68508

Phone: 402-441-7671

FAX: 402-441-6800

Please retain a copy of this form for your records.